

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT

10/527,352  
10/527,352

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		1		2
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		2
13		1		1		2
14		1		1		2
15					1	
16				1		1
17				1		2
18				1		1
19				1		2
20				1		1
21				1		1
22				1		1
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TOTAL IND.	1	↓	1	↓	2	↓
TOTAL DEP.	15	←	27	←	36	←
TOTAL CLAIMS	16		28		38	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						